America Unleashed Super PAC P.O. Box 9990 Arlington, VA 22219 RECEIVED
2014 MAR 28 AM 11: 48
FEC MAIL CENTER

March 27, 2014

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

Re: Form 1, Statement of Organization - Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Christian Berg

Treasurer

America Unleashed Super PAC

14031201830

STATEMENT OF

RECEIVED

FORM 1	URGANIZ	ATION	<u> </u>	FEOMMAN ONF NIEC		
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
AMERICA UNLEASI	HED SUPER PAC,					
ADDRESS (number and street)	P.O. BOX 9990	 				
(Check if address is changed)	Ł ARLINGTON	 	NA 1 P	2219, , ₋ , , , ,		
		CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADD	RESS (Please provide only one	e-mail address)				
(Check if address	INFO@AMERICA	INFO@AMERICAUNLEASHED, COM				
is changed)						
COMMITTEE'S WEB PAGE	ADDRESS (URL)					
(Check if address	<u> AMERICAUNLEA</u>	SHED.COM				
is changed)						
	0 2014.					
3. FEC IDENTIFICATION		e per la lega de la compansión de la compa				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		·		
I certify that I have examined	d this Statement and to the bes	st of my knowledge and belief	f it is true, correct	and complete.		
Type or Print Name of Treas	urer CHRISTIAN BEF	RG				
Signature of Treasurer	Alt!	3-7	Date 03	27 2014		
NOTE: Submission of false, en	roneous, or incomplete information	n may subject the person signin		the penalties of 2 U.S.C. §437g.		
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
٠.	TYPE OF C				
		Committee:			
	(a) [_]	This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Comp information below.)	lete the candidate		
	Name of Candidate				
	Candidate	TUTTURE INC.	State		
	Party Affiliation	Office Sought: House Senate President			
			District		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate				
	Party Con		_		
	(d)		Democratic, lepublican, etc.) Party.		
	Political A	ction Committee (PAC):			
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:		
		Corporation W/o Capital Stock	Labor Organization		
		Membership Organization Trade Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.	000000000000000000000000000000000000000		
		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	regated fund or party		
	(f) ×	committee. (i.e., nonconnected committee)	regated fullo or party		
		In addition, thie committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on lice 6.)			
	Joint Fund	Iralsing Representative:			
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political		
	□	committees/organizations, at least one of which is an authorized committee of a federal candidate.			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more pollucal		
	Com	mittees Participating in Joint Fundraiser			
	1.		FORM OF STATE OF		
	2.		ant estas sent etelet Aana Agameg etelekolog		
	3.	FEC ID number C			
	4.		`		

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_	FEC Form 1 (Revised		Page 3
٧	Vrite or Type Committee Name		
_A	MERICA UNLEASHI	ED SUPER PAC	· · · · · · · · · · · · · · · · · · ·
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
IN	ONE		
<u> </u>	 	<u> </u>	<u> </u>
L			
	Mailing Address		
		CITY STATE Z	IP CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Full Name CHRIS	TIAN BERG	
	Mailing Address	P.O. BOX 9990	
	-	1	1
		ARLINGTON 22219	
	Title or Position	CITY STATE Z	IP CODE
	TREASURER	Telephone number	لــــا-لــ
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nam assistant treasurer).	e and address of
	Full Name of Treasurer CHRIS	TIAN BERG	
	Mailing Address	P.O. BOX 9990	
		ARLINGTON 22219	<u> </u>
	Title or Position	CITY STATE Z	IP CODE
	TREASURER	Telephone number	

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	CHRIŞTIAN BERG		
Mailing Address	P.O, BOX 9990		
	ARLINGTON	, j MA j	22219 - -
	CITY	STATE	ZIP CODE
Title or Position	R Telep	hone number	السا-لسا
	Depositories: List all banks or other depositories in which these or maintains funds.	e committee deposits fu	ands, holds accounts, rents
Name of Bank, D	epository, etc.		
	BANK,OF AMERICA		<u> </u>
Mailing Address	1700 NORTH MOORE STREET		
	ARLINGTON	VA L	22209 []
	СПҮ	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
	1		1
	<u> </u>		<u> </u>
Mailing Address			<u> </u>
			
	CITY	STATE	ZIP CODE

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Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER	3/28/14 DATE PREPARED
(8/2013)	